MARYLAND STATE DEPARTMENT OF HEALTH

05703

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville
STREET ADDRESS Non e (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Huffer (Middle) J. (Last) Ahalt
4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-7-1878
9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel and Tavern
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles T. Ahalt
14. MOTHER'S MAIDEN NAME: Alberta M. Huffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Huffer Ahalt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177 Immediate cause (a) Cancer of prostate gland — Interval between onset and death: 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1948, to June 27, 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE C W Lillan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 6/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-29-49 | NAME OF CEMETERY OR CREMATORY: Lutheran | LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG.: June 28-49 | REGISTRAR'S SIGNATURE: Kathryn N. Brown Dep. | 24. FUNERAL DIRECTOR: C.H. Feete and Bro. ADDRESS: Brunswick, Md.

RECEIVED
JUL 1 1949
BUREAU V. S.

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

05704

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

FILM No. G 120 JUN 15 1949

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (In this place) 10 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 West Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) Roy (Last) Anders

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: Oct 25-1887

9. AGE last birthday: 6 yrs. — If under 1 year: Months 7, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Cashier

10b. KIND OF BUSINESS OR INDUSTRY: Bank

11. BIRTHPLACE (State or foreign country): Woodsboro Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles May Anders

14. MOTHER'S MAIDEN NAME: Emma E Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W. War I

16. SOCIAL SECURITY No. 216-01-7800

17. INFORMANT: Mrs M. J. Anders

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420. Immediate cause (a) Coronary occlusion — Interval between onset and death: Immediate

942 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) Frederick — (COUNTY) Frederick — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6 4 49 7 P m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

P. W. Barr — Deputy Med Ex. — Frederick, Md. — 6-6-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 7-1949 — NAME OF CEMETERY OR CREMATORY Mt. Hope Cem. — LOCATION (City, town, or county) Woodsboro (State) Md.

DATE REC'D BY LOCAL REG. 6 June 1949 — REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR — ADDRESS: Powell & Hartzler, Woodsboro, Md

VS. A15A

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

05705

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Since 10/4/48 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS STATE SANATORIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 817 S. Bond Street ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Anderson

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept. 1, 1881

9. AGE last birthday: 67 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Anders Anderson

14. MOTHER'S MAIDEN NAME: Ingeborg Preshers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 213-18-7897

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 9 Mos.

Antecedent cause(s)

132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1948, to June 10 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 1:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. State Sanatorium, Maryland 6/11/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: June 11 1949

NAME OF CEMETERY OR CREMATORY: Montevue Cem.

LOCATION (City, town, or county) (State): Frederick Co. Md.

DATE REC'D BY LOCAL REG. 6/10/49

REGISTRAR'S SIGNATURE

21. FUNERAL DIRECTOR: M. L. Creager & Son ADDRESS: Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05706

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place) 7 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ RURAL - Mt. Airy.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Lee (Last) BARBER
4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH: June 1, 1949
9. AGE last birthday: yrs. | If under 1 year: Months | Days 9 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Garner Barber
14. MOTHER'S MAIDEN NAME: MARY N. Burdette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis — 5 days

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity - 32 wks. — 759.5

(c) Toxaemia of Mother — 4 wks.? — 159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 19.45, to 6/10, 19.49 that I last saw the deceased alive on 6/9, 19.45, and that death occurred at 3.10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Byron D. White, M.D. Frederick, Md. 6/10/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6-10-1949 | NAME OF CEMETERY OR CREMATORY Montgomery Chapel | LOCATION (City, town, or county) Montgomery Co. | (State) Md.

DATE REC'D BY LOCAL REG. 10 June 1949 | REGISTRAR'S SIGNATURE Elizabeth S. Heck. | 24. FUNERAL DIRECTOR C. M. Waltz | ADDRESS Winfield, Md.

VS. A15

RECEIVED
JUN 15 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

65707

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 5 West All Saint Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELDRIDGE	DEWITT	BELL	6	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	S	5-6-15	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orderly - Frederick Memorial Hosp
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Adamstown, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James C. Bell
14. MOTHER'S MAIDEN NAME Rosie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.
17. INFORMANT James C. Bell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to June 1, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Woodward	M. D.	Frederick, Maryland	6-2-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-4-49	Della Cemetery	Nr. Buckeystown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 June 1949	Elizabeth G. Heck	M. R. Etchison & Son,	Frederick, Md.

RECEIVED
JUN 4 1949
BUREAU T. S.

05708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Petersville — LENGTH OF STAY (in this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Petersville.
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First): Thomas (Middle): Leo (Last): Belt
4. DATE OF DEATH (Month) 6 — (Day) 19 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored.
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, ~~(Specify)~~
8. DATE OF BIRTH: ✓
9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transfer Shed
10b. KIND OF BUSINESS OR INDUSTRY: B+O R.R.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lewis Belt
14. MOTHER'S MAIDEN NAME: Annie ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Thomas Belt and Marie Spriggs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

022 Immediate cause (a) Aortic aneurysm — ? ?

Antecedent cause(s)

30d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23, 1949, to 6/19, 1949, that I last saw the deceased alive on 6/17, 1949, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Lovettsville - Va — DATE SIGNED: 6/20/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE: 6-22-49 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county): Petersville — (State): Md.

DATE REC'D BY LOCAL REG.: June 20-49 — REGISTRAR'S SIGNATURE: Kathryn H. Brown — 24. FUNERAL DIRECTOR: C. H. Feete and Bro — ADDRESS: Brunswick Md.

Dep

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05709

Reg. Dist. No. 131

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) 10 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural R. F. D. #5
STREET ADDRESS (If rural, give location) Edgewood

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) FRANKLIN (Last) BLANK

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: 3-27-22

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rocky Springs, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilfred G. Blank

14. MOTHER'S MAIDEN NAME: Effie V. Delauter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.

17. INFORMANT: Wilfred G. Blank (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture, Base of Skull — Interval between onset and death: 10 hrs.

8255 170 C

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures — 10 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State High. #28
(CITY OR TOWN) N.R. Beallsville (COUNTY) Mont. (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY June 22, 1949; 4:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Charles L. Conley Jr. (Degree or title) M.D. Asst. Dep. Med. Exam. ADDRESS: Frederick Maryland DATE SIGNED: 6/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-25-49
NAME OF CEMETERY OR CREMATORY: Rocky Springs Cemetery
LOCATION (City, town, or county) (State): Near Frederick, Maryland

DATE REC'D BY LOCAL REG. 24 June 1949
REGISTRAR'S SIGNATURE: Elizabeth J. Hoch.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, ADDRESS: Frederick, Maryland

RECEIVED
JUN 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05710

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital Park Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) D. (Last) Brown

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 8 1909

9. AGE last birthday: 39 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Brown

14. MOTHER'S MAIDEN NAME: Bessie Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Bessie Brown.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(e) Shock.	½ hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Obstruction,	24 hours
	(c) Peritonitis, gangrene small intestine	12 hours

5702
1226

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 June 49

19b. MAJOR FINDINGS OF OPERATION: Gangrenous small intestine, peritonitis, intestinal obstruction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 May, 19 49, to 2 June, 19 49, that I last saw the deceased alive on 2 June, 19 49, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE: John S. Fawcett (Degree or title) M.D. ADDRESS: Boyd, Maryland DATE SIGNED: 2 June 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE: June 4-1949 NAME OF CEMETERY OR CREMATORY: John Wesley LOCATION (City, town, or county) (State): Clarksburg md

DATE REC'D BY LOCAL REG. 3 June 1949 REGISTRAR'S SIGNATURE: Elizabeth S. Heide

24. FUNERAL DIRECTOR: Roy W. Barber ADDRESS: Laytonsville md

VS. A15

RECEIVED
JUN 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05711

CERTIFICATE OF DEATH

Reg. Dist. No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kemptown — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kemptown
STREET ADDRESS (If rural, give location) R.F.D. Monrovia

3. NAME OF DECEASED (Type or Print): (First) Eunice (Middle) May (Last) Browning

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 10-1876

9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kemptown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Lewis

14. MOTHER'S MAIDEN NAME: Laura Helen Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs Mary Elizabeth Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic Coma — 4 da

Antecedent cause(s) 736.9 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1950

(b) Paralysis - bilateral - from 8th Thoracic dx — 3 wks

(c) Ruptured Vertebral Disc - 8th Thoracic — ?

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributlog to the death but not related to the disease or condition causing death. Carcinoma of Breast

19a. DATE OF OPERATION: Apl. 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast - advanced

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): No history m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? unknown - X Ray showed no metastasis

22. I hereby certify that I attended the deceased from Apr., 19 48, to June 15, 19 49, that I last saw the deceased alive on June 14, 19 49, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE: Stanley Grabill — (Degree or title) M.D. — ADDRESS Monrovia, Md — DATE SIGNED 6/15/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE June 17, 1949 — NAME OF CEMETERY OR CREMATORY: Providence Meth. — LOCATION (City, town, or county) (State): Kemptown, Maryland.

DATE REC'D BY LOCAL REG.: June 16, 1949 — REGISTRAR'S SIGNATURE: Raymond F. Lilley

24. FUNERAL DIRECTOR — ADDRESS: Olin L. Molesworth, Damascus, Md.

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05712

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clifton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
STREET ADDRESS Clifton (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELMER (Middle) LEROY (Last) BRYAN
4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) S
8. DATE OF BIRTH 3-21-14
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Franklin, Pa.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lewis E. Bryan
14. MOTHER'S MAIDEN NAME Eva M. Chestnut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mrs. Parker Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Epilepsy (acute status) — 10 min

353.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic epilepsy.

85

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Frederick Co. (COUNTY) Frederick Co. (STATE) Md.
TIME OF ~~INJURY~~ (Month) (Day) (Year) (Hour) Death 6.10.49 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R.W. Baer (Degree or title) Deputy Med Ex. ADDRESS Frederick, Md. DATE SIGNED 6.11.49.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 6-13-49
NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery
LOCATION (City, town, or county) Nr. Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 13 June 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 16 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

T 05713

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Since 6/3/46 to present; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural give location) 13 Pennsylvania Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Robert (Last) Burke

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1906

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk for B&O Railroad

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick W. Burke

14. MOTHER'S MAIDEN NAME: Mary A. Faherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-12-0883

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 / 132

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 3½ yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1946, to June 2, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Ryan M.D. State Sanatorium, Maryland 6/2/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE June 4, 1949 | NAME OF CEMETERY OR CREMATORY St Marys Cem. | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. 6/2/49 | REGISTRAR'S SIGNATURE D. W. Ryan

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland Md.

VS. A15

RECEIVED
JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05714

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Ijamsville-Rural
STREET ADDRESS (If rural give location) Nr. Urbana

3. NAME OF DECEASED (Type or Print) (First) SPAULDING (Middle) (Last) CHASE

4. DATE OF DEATH (Month) 6 (Day) 1 (Year) 19 49

5. SEX MALE

6. COLOR OR RACE C

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) S

8. DATE OF BIRTH (Month, Day, Year) ABT 1923 (Unknown)

9. AGE last birthday 26 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marshall Chase

14. MOTHER'S MAIDEN NAME Sarah Hackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Sarah Chase (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐ XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 49, to June 1, 19 49, that I last saw the deceased alive on June 1, 19 49, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 6-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-4-49 | NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery | LOCATION (City, town, or county) (State) Nr. Urbana, Maryland

DATE REC'D BY LOCAL REG. 3 June 1949 | REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md.

1949
2
1973

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05715

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 109 Petersville Road.

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Michael (Last) Dallas
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~WIDOWED~~
8. DATE OF BIRTH: Dec. 22 1888
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostler B.O.R.R.
10b. KIND OF BUSINESS OR INDUSTRY: R. R.
11. BIRTHPLACE (State or foreign country): Italy.
12. CITIZEN OF WHAT COUNTRY? ~~U.S.A.~~

13. FATHER'S NAME: Joseph ?
14. MOTHER'S MAIDEN NAME: Columbia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Lola Dallas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4200 Immediate cause (a) Myocardial Insufficiency — 1 mo.

Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1949, to June 18, 1949, that I last saw the deceased alive on June 18, 1949, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

A. A. Scarr M.D. Frederick Md. 6/18/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial — DATE 6-21-1949 — NAME OF CEMETERY OR CREMATORY St. Marys. — LOCATION (City, town, or county) Petersville — (State) Md.

DATE REC'D BY LOCAL REG. 19 June 1949 — REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR — ADDRESS C. H. Feete & Bro Brunswick Md.

VS-A15

RECEIVED
JUN 21 1949
BUREAU T. S.

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

15716

FILM No. G 120 JUN 15 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville — LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Phila, Pa. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) PRESTON (Middle) SWEADNER (Last) DEVILBISS II

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: June 3, 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Automotive Product

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Preston Sweadner Devilbiss, Sr.

14. MOTHER'S MAIDEN NAME: Mollie Buckey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 206-07-2844

17. INFORMANT: Miss Hilda Devilbiss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) Carcinoma, colon with generalized

Antecedent cause(s)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) abdominal metastasis — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease — 4 years

19a. DATE OF OPERATION: 10 Nov. 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma colon & metastasis to liver

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1949, to 5 June, 1949, that I last saw the deceased alive on 4 June, 1949, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Stoner Jr. MD — ADDRESS Walkersville Md — DATE SIGNED 6 June 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial — DATE June 7, 1949 — NAME OF CEMETERY ~~OR CREMATORY~~ Glade — LOCATION (City, town, or county) Walkersville — (State) Md.

DATE REC'D BY LOCAL REG. 7 June 1949 — REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR — ADDRESS J. C. Barton, Walkersville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 9 1949
BUREAU V. S.

05717

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) M. (Last) Duvall.

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: August 21- 77

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Frederick County Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Owen Duvall.

14. MOTHER'S MAIDEN NAME: Marion B. Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Emergency Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 hours

420.1

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to June 7, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard Kumon Jr. M.D. Frederick, Md June 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 6-10-49
NAME OF CEMETERY OR CREMATORY: Montgomery Chapel Cemetery
LOCATION (City, town, or county) (State): Claggettsville, Maryland

DATE REC'D BY LOCAL REG.: 9 June 1949
REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR: M. R. Etchison and Son, Frederick, Md.
ADDRESS

RECEIVED
JUN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05718

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural nr. Walkersville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural nr. Walkersville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	ALBERT	EYLER	June	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	Aug. 3, 1881	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Eyler

14. MOTHER'S MAIDEN NAME: Harriett Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs James Eyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	Instantaneous
Antecedent cause(s)		
420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial hypertrophy	10 years
93d	(c) Arteriosclerotic cardiovascular disease	15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 August, 1947, to 13 June, 1949, that I last saw the deceased alive on 13 June, 1949, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. Stoner Jr	M D	Walkersville, Md.	14 June 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 16 1949	Rocky Hill	Mt. Woodsboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
14 June 1949	Elizabeth J. Heck	J. C. Barton	Walkersville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05719

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH· COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Oscar	(Middle) Leslie	(Last) Flook	4. DATE OF DEATH	(Month) 6	(Day) 14	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 11-27-1891	9. AGE last birthday 57 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Myersville, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Unk.			14. MOTHER'S MAIDEN NAME Etta Flook				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —	(If year, give war or dates of service) —	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Della Flook				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 mi
420.1 Antecedent cause(s)	(b) Myocarditis Coronary Sclerosis	1 yr
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cystitis - Urinary retention	2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	—

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1949, to June 16, 1949, that I last saw the deceased alive on June 13 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. L. Brice	MD	Jefferson Md	6/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6-17-1949	NAME OF CEMETERY OR CREMATORY U.B. Cemetery	LOCATION (City, town, or county) (State) Myersville, Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Floy M. Bittle	24. FUNERAL DIRECTOR Gladhill Co.,	ADDRESS Middletown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2... 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05721

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural - Creagerstown
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JESSE (Middle) (Last) FOX

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1949

5. SEX m

6. COLOR OR RACE w

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH July 13 1867

9. AGE last birthday 81 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hezekiah Fox

14. MOTHER'S MAIDEN NAME Emily Elizabeth Stambaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Jesse Fox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive cardiac failure — 2 months

Antecedent cause(s)

422.1 932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic cardiovascular disease — 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov., 1947, to 1 June, 1949, that I last saw the deceased alive on 30 May, 1949, and that death occurred at 2.30 p.m., from the causes and on the date stated above.

SIGNATURE James E. Stone (Degree or title) MD | ADDRESS Walkersville, Md. | DATE SIGNED 3 June 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE June 5, 1949 | NAME OF CEMETERY ~~OR CREMATORY~~ Mt Lubber | LOCATION (City, town, or county) Rocky Ridge | (State) Md.

DATE REC'D BY LOCAL REG. 4 June 1949 | REGISTRAR'S SIGNATURE Elizabeth J. Heck | 24. FUNERAL DIRECTOR J.C. Barton | ADDRESS Walkersville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05721

CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Anthony; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (In this place) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Anthony; STREET ADDRESS (If rural, give location) Thurmont Md

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Rita (Last) Franklin

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-4-15

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dominic De Vito

14. MOTHER'S MAIDEN NAME: Theresa Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 072-01-5425

17. INFORMANT W. Charles Franklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breasts	3 yrs.
	(c)	

170
50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breasts

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1948, to June 25, 1949 that I last saw the deceased alive on June 23, 1949, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: M. Franklin Birely (Degree or title) MD ADDRESS: Thurmont Md. DATE SIGNED: 6/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 6-28-49; NAME OF CEMETERY OR CREMATORY Blue Ridge Cem; LOCATION (City, town, or county) Thurmont; (State) Md.

DATE REC'D BY LOCAL REG. June 27-1949; REGISTRAR'S SIGNATURE M. F. Sheriff

24. FUNERAL DIRECTOR M. F. Creager & Son ADDRESS Thurmont

RECEIVED
JUL 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05722

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH · COUNTY: Frederick · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Since 5/12/49 to present	LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore · STREET ADDRESS (If rural give location): 2526 Frederick Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William		Fredericks	June	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Sept. 15, 1880	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christopher Fredericks	Minnie Albrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	6SA-143490	Mrs. Fredericks - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Tuberculosis	1 Yr.
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 12, 1949 to June 11, 1949, that I last saw the deceased alive on June 11, 1949, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

State Sanatorium, Maryland 6/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 14 1949	Lowdon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/11/49		George L. Schwab, Baltimore Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1949
BUREAU V. S.

05723

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Loudon
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Lovettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Edmonia (Middle) (Last) George

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9-27-1877
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Mr. William McKimmy
14. MOTHER'S MAIDEN NAME Miss Belle Beemer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1949, to June 21, 1949 that I last saw the deceased alive on June 21, 1949, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Pearre ADDRESS Frederick, Md. DATE SIGNED 6-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-23-49
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) Lovettsville, Maryland

DATE REC'D BY LOCAL REG. 21-June 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 24 1949
BUREAU V. S.

M

05724

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Alice Catherine (Last) Grable
4. DATE OF DEATH (Month) Jun (Day) 15 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 25, 1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Jacob H. Harris
14. MOTHER'S MAIDEN NAME Fannie May Weddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Pauline Grable

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, Chronic valvular — INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years.

421.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

92d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1946, to June 15, 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

SIGNATURE James Gray M.D. (Degree or title) ADDRESS Thurmont Md. DATE SIGNED June 15-'49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jun. 18-49
NAME OF CEMETERY OR CREMATORY N.B. Cemetery
LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REG. June 16, 1949
REGISTRAR'S SIGNATURE Blanche S. Eyler
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05725

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 6-3-49 - 6-23-49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bartholows
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Betty (Middle) J. (Last) Gue

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-9-1931

9. AGE last birthday: 18 yrs. If under 1 year: Months / Days 14 If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Sewing Factory

11. BIRTHPLACE (State or foreign country): Md. U. S. A.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Raymond L. Gue

14. MOTHER'S MAIDEN NAME: Florence Ramsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-28-7426

17. INFORMANT: Mr Raymond L. Gue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart disease

(c)

416
951

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 19 49, to 6/23, 19 49, that I last saw the deceased alive on 6/23, 19 49, and that death occurred at 11:28 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Deare, M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 6-26-1949 | NAME OF CEMETERY OR CREMATORY: Marvin Chapel Cem | LOCATION (City, town, or county): Plane No 4 (State): Md

DATE REC'D BY LOCAL REG. 6-25-1949 | REGISTRAR'S SIGNATURE: Elizabeth G. Feek. | 24. FUNERAL DIRECTOR: W. E. Falconer ADDRESS: New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

05726

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick ~~Emergency Hospital~~ MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick Rural
LENGTH OF STAY (in this place) 9 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Route 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Augustus (Last) Guariglia

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 8, 1949.
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 9 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? Frederick

13. FATHER'S NAME Oliver Andrew Guariglia
14. MOTHER'S MAIDEN NAME Gussie Mae Tyeryar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Gussie Guariglia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease

754.4 Antecedent cause(s)

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spina bifida

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1949, to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE Bernard Thomas Jr. (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED June 9, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE June 9-1949
NAME OF CEMETERY OR CREMATORY Montevue Cem.
LOCATION (City, town, or county) (State) Mt. Frederick Md.

DATE REC'D BY LOCAL REG. 9 June 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Wm Wachter & Son ADDRESS Montevue.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C I T

VS. A15

RECEIVED
JUN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05727

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for the Aged

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) Record Street

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) M. (Last) HARRISON
4. DATE OF DEATH: (Month) June (Day) 10th (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 21, 1863
9. AGE last birthday: 85 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles E. Moberly
14. MOTHER'S MAIDEN NAME: Frances Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. David E. Yinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral hemorrhage — 36 hours

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — long period.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1949, to June 10, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. H. Conley M.D. Frederick, Maryland June 11th, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 12, 1949 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 11 June 1949 | REGISTRAR'S SIGNATURE: Elizabeth S. Keefe | 24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05728

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 5-31-49/6-13-49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural Knoxville
STREET ADDRESS (If rural give location) 2½ miles North West

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Alice (Last) Hawes

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH July 30 1934
9. AGE last birthday 14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — ?
14. MOTHER'S MAIDEN NAME Myrtle Haus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Myrtle Haus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gen Peritonitis

622 Antecedent cause(s)

139a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Segregates + Acute Appendicitis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 30
19b. MAJOR FINDINGS OF OPERATION Gen Peritonitis - Frederick Mad
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to June 13 1949 that I last saw the deceased alive on June 13, 1949 and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) M.D. ADDRESS Frederick Md. DATE SIGNED June 13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-15-49
NAME OF CEMETERY OR CREMATORY Hamilton
LOCATION (City, town, or county) Hamilton (State) Virginia

DATE REC'D BY LOCAL REG. 14 June 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. H. Feete & Bro Brunswick ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05729

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Anthonys Rural; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg - rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Francis (Last) Hemler

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 15, 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months 9, Days 27, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Hemler

14. MOTHER'S MAIDEN NAME: Anna Catherine Florence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Felix Hemler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation — Interval between onset and death: 5 Min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) choking on food

(c)

921.0 1950

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) near Emmitsburg (COUNTY) Frederick (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) June 17 '49 12 N

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Choked on food.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: P W Bow (Degree or title) Deputy Med Ex. ADDRESS Frederick, Md. DATE SIGNED 6.17.49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF June 20, 1949; NAME OF CEMETERY OR CREMATORY St. Anthonys; LOCATION (City, town, or county) St. Anthonys (State) Md.

DATE REC'D BY LOCAL REG. June 19=1949; REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR: M. A. Creager & Son; ADDRESS Thurmont Md.

VS. A15A

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05730

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Loudoun
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lovettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs Mary (Middle) MARTHA (Last) Hickman

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH Unknown about 1888

9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Loudoun County Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William S. Hickman

14. MOTHER'S MAIDEN NAME Mary Margaret Kalb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT B. D. Hickman (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Haemorrhage — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis (Uraemia)

331
131

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to June 26, 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at 8:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. A. Pearre M.D. Frederick, Md. 6/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 6-29-49

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) Lovettsville, Virginia

DATE REC'D BY LOCAL REG. 27 June 1949

REGISTRAR'S SIGNATURE Elizabeth S. Keck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Maryland

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05731

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick-Rural RD#5
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Highway Route #40-A

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 240 North Market Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM		HOBBS	6	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	11-9-83	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chairman Frederick County
10b. KIND OF BUSINESS OR INDUSTRY: Roads Board
11. BIRTHPLACE (State or foreign country): Near Johnsville, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward W. Hobbs
14. MOTHER'S MAIDEN NAME: Margaret Ann Gaither

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William Hobbs, Jr. (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none P.M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R W Boer	Deputy Medical Examiner	Frederick, Maryland	6-21-49

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-23-49	Mt. Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
23 June 1949	Elizabeth L. Hoch	M. R. Etchison and Son,	Frederick, Md.

VS-A15A

RECEIVED
JUN 25 1962
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05732

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. O. O. F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) S. (Last) HOOD

4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH 7-10-63

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Framer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Carroll County Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Sylvester Hood

14. MOTHER'S MAIDEN NAME Margaret A. Brashears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT I. O. O. F. Home Records - Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Arterio sclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒ XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1949, to June 14, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 12:05A m., from the causes and on the date stated above.

SIGNATURE Wm M. Smith (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 6-14-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial

DATE THEREOF 6-16-49

NAME OF CEMETERY OR CREMATORY Taylorsville Cemetey

LOCATION (City, town, or county) (State) Taylorsville, Maryland

DATE REC'D BY LOCAL REG. 15 June 1949

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Maryland

RECEIVED
JUN 18 1931
BUREAU V. S.

05733

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 South Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 103 South Market Street

3. NAME OF DECEASED (Type or Print): (First) ROSA (Middle) MAY (Last) KING
4. DATE OF DEATH: (Month) June (Day) 1st (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: August 27, 1870
9. AGE last birthday: 78 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob Droneburg
14. MOTHER'S MAIDEN NAME: Mary C. Creager
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Helen M. Hartman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Degenerative Heart Disease — 3 yrs.

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chronic Bronchiectasis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to June, 1949 that I last saw the deceased alive on June 1, 1949 and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Arthur F. Woodward M.D. — Frederick, Md. — 6/2/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: June 4, 1949 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 2 June 1949 — REGISTRAR'S SIGNATURE: Elizabeth J. Tech

24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. A15

RECEIVED
JUN 4 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

115734

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Since 9/20/48 to present
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1507 Race Street

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) (Last) Kirschnick

4. DATE OF DEATH: (Month) June (Day) 17. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 14, 1914

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Kirschnick

14. MOTHER'S MAIDEN NAME: Viola Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-9397

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — 18 Mos.

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20 1948., to June 17, 1949., that I last saw the deceased alive on June 17, 1949., and that death occurred at 1:05 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS State Sanatorium, Maryland DATE SIGNED 6/17/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE June 20, 1949 | NAME OF CEMETERY OR CREMATORY Baltimore Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/17/49 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: M. L. Creager & Son, Thurmont, Maryland & Clarence F. Hoffmann 1639 N. Broadway — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05735

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Frederick
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Frederick
STREET ADDRESS (If rural, give location) Montevue - County Home

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) C. (Last) LEASE

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: May 28, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Lease

14. MOTHER'S MAIDEN NAME: Mary Sheetenhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Charles W. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction	3 Days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Strangulated Hernia	3 Days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

5615
122.a

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1946, to June 20, 1949, that I last saw the deceased alive on June 20, 1949, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard Hemmes Jr. M.D. Frederick Md June 21 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: June 23, 1949
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 21 June 1949
REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR: C. E. Cline & Son, Frederick, Maryland
ADDRESS

RECEIVED
JUN 24 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

015736

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 9 East 2nd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERTA	HART	LEVY	June	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female	white	widowed	Sept 27, 1878	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		Maryland	

13. FATHER'S NAME: Charles F. Dillon
14. MOTHER'S MAIDEN NAME: Laura V. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		none	Charles Van Sweringen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) Intestinal Obstruction (Partial) — 10 days

Antecedent cause(s)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Sigmoid

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1949, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 12 50 P m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. A. Deare, M.D.		Frederick Md	6/13/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 14, 1949	Mt. Olivet	Frederick	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
14 June 1949	Elizabeth L. Heda	Harry E. Early Co	Frederick Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05737

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH · COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville — LENGTH OF STAY (in this place) 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lovetta (Middle) Viola (Last) Lincks			4. DATE OF DEATH (Month) 6 (Day) 29 (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9-20-1878	9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Henry Cooper			14. MOTHER'S MAIDEN NAME Elizabeth Ellen —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. —		17. INFORMANT Mrs. Lester Mann	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Myocardial insufficiency	1 month
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis.	years
	(c) Senility.	years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1949, to June 29, 1949, that I last saw the deceased alive on June 28, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C. E. Pruitt MD	Brunswick, Md.	7-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-2-1949	NAME OF CEMETERY OR CREMATORY Park Heights	LOCATION (City, town, or county) Brunswick (State) Md
DATE REC'D BY LOCAL REG. July 1-49	REGISTRAR'S SIGNATURE Kathryn H. Brown Dep.	24. FUNERAL DIRECTOR C. H. Feete & Bro Brunswick Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUL 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 1P 05738

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place): Since 3/15/48 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 6 N. Rolling Road ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) J (Last) Ludwig

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Nov. 24, 1909

9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph J. Ludwig

14. MOTHER'S MAIDEN NAME: Lena Hein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-7843

17. INFORMANT: Mrs. Kent D. Currie - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Laryngeal Tuberculosis	15 Mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Pulmonary Tuberculosis	17 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — about 6 Yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15 19 48, to June 19, 19 49, that I last saw the deceased alive on June 19, 19 49 and that death occurred at 7:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. K. Lyon M.D. ADDRESS State Sanatorium, Maryland DATE SIGNED 6/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 22/1949 | NAME OF CEMETERY OR CREMATORY New Cathedral Cem. | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 6/19/49 | REGISTRAR'S SIGNATURE J. K. Lyon

24. FUNERAL DIRECTOR W. J. Tickner & Son, Baltimore, Md. ADDRESS

RECEIVED
JUN 22 1949
BUREAU V. S.

RECEIVED
JUN 22 1949
BUREAU V. S.

05739

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place) 5/27/49 - 6/8/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Mt Airy Md.

3. NAME OF DECEASED (Typo or Print): (First) John (Middle) (Last) Mack
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1949
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 1 1869
9. AGE last birthday: 80 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Susan Mack

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis — 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchio-Pneumonia

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1949, to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 11 15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
A. A. Pearre, M.D. | Frederick Md | 6/10/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 11 June 1949 | NAME OF CEMETERY OR CREMATORY Mt Zion | LOCATION (City, town, or county) (State) Mont Co Md

DATE REC'D BY LOCAL REG. 10 June 1949 | REGISTRAR'S SIGNATURE Elizabeth G. Tech | 24. FUNERAL DIRECTOR Roy W Barber | ADDRESS Poolesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1949
BUREAU V. S.

Evidence for addition of year of death is shown on:

FILM No. G 120 JUL -5 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05740

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Russell (Last) Magaha

4. DATE OF DEATH (Month) June (Day) 11, 1949 (Year)

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 4-27-1884
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James William Highlman
14. MOTHER'S MAIDEN NAME Annie M. Stipes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Degenerative Cardio-Vascular Disease — 2 yrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis - Generalized

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from November 1948, to June 11, 1949, that I last saw the deceased alive on March, 1949, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur F. Woodward M.D. ADDRESS Frederick, Md. DATE SIGNED 6/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-13-49
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) Burkettsville (State) Md

DATE REC'D BY LOCAL REG. 6-13-49
REGISTRAR'S SIGNATURE Marie Gladbill
24. FUNERAL DIRECTOR C. H. Feete & Bro ADDRESS Brunswick Md.

Woodward 4 East Church.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JUN 29 1949
BUREAU V. A.

05741

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) (Rural) Frederick
STREET ADDRESS (If rural give location) Frederick Route #1

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W (Last) Maix

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify) single
8. DATE OF BIRTH Aug 10 1868
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) FREDERICK Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Cornelius Maine
14. MOTHER'S MAIDEN NAME Sophia (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT HARRY MAIN - (nephew)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 month

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1949, to June 29, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard O. Thomas Jr. ADDRESS Frederick, Md. DATE SIGNED 6/29/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE July 1 1949
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. 30 June 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Harry E. Cartyleo ADDRESS Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1949
BUREAU V. S.

Evidence for change in age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05742

CERTIFICATE OF DEATH

Reg. Dist. No. 131

~~FILM No. G 121 JUL 25 1949~~

1. PLACE OF DEATH — COUNTY Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shookstown

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
STREET ADDRESS (If rural give location) Shookstown

3. NAME OF DECEASED (Type or Print) (First) ORPHA (Middle) JANE (Last) MACKENZIE
4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) M
8. DATE OF BIRTH 7-28-95
9. AGE last birthday ~~54~~ 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Shookstown, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lewis F. Blank
14. MOTHER'S MAIDEN NAME Ida Frances Kline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Daniel A. Mackenzie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

585 Immediate cause (a) Coronary Occlusion — 6-3-49

940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cholecystitis — 3-2-49

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No WC

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1949, to 6-2, 1949, that I last saw the deceased alive on 5-20, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE M. G. Bourne Jr (Degree or title) M. D. — ADDRESS Frederick, Maryland — DATE SIGNED 6-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6-6-49 — NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery — LOCATION (City, town, or county) (State) Nr. Frederick, Maryland

DATE REC'D BY LOCAL REG. 6 June 1949 — REGISTRAR'S SIGNATURE Elizabeth G. Heck — 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05743

CERTIFICATE OF DEATH

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location) Blue Ridge Avenue

3. NAME OF DECEASED (Type or Print): (First) Rachael (Middle) Rosella (Last) Miller

4. DATE OF DEATH: (Month) June (Day) 7. (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 6, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Miller

14. MOTHER'S MAIDEN NAME: Mary Haltz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wilbert Miller. Thurmont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	?
422.2 / 93d	(c) Bronchial asthma	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to June 7, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Franklin Bixler	M.D	Thurmont Md.	6/8/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 9, 1949	Lewistown	Lewistown,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 9, 1949	Blanche S. Eyler	M. L. Creager & Son	Thurmont, Md.

RECEIVED
JUN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05744

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Maryland | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Graceham, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) M. (Last) Mort

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: March 18 1856

9. AGE last birthday: 63 yrs. | If under 1 year: Months 2 Days 16 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mr. Michael Kolb

14. MOTHER'S MAIDEN NAME: Mary SeHore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. 220-16-0334

17. INFORMANT: Louise Mort.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

590 **Immediate cause** (a) Acute Nephritis — 1

Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to June 4, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 9:45 P m., from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) ADDRESS Frederick Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE June 8. 1949 | NAME OF CEMETERY OR CREMATORY Creagerstown | LOCATION (City, town, or county) Creagerstown (State) Md

DATE REC'D BY LOCAL REG. June 1949 | REGISTRAR'S SIGNATURE Elizabeth S. Hoke. | 24. FUNERAL DIRECTOR M. R. Creager & Son | ADDRESS Thurmont Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05745

2411 N. Charles Strect, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Almetta	H.	Moser	6	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female	white	widow	3-3-1892	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Myersville, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua D. Horine	Alice Schildknecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Alice Moser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Sarcoma Lung Compression Broncha	3 wks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lympho Sarcoma abdomen	1 yr
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bilateral Pneumonia	2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mar/49	Lympho Sarcoma	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1949, to June 5, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 11:35 P.m., from the causes and on the date stated above.

SIGNATURE C. S. Brie (Degree or title) ADDRESS Jefferson DATE SIGNED 6/7/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-8-49	U.B. Cemetery	Myersville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	21. FUNERAL DIRECTOR	ADDRESS
3-6-49	Edgar Gilbert	Gladhill Co.,	Middletown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05746

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 East Church

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 204 East Church St

3. NAME OF DECEASED (Type or Print): (First) LYMAN (Middle) HAVILAND (Last) NELSON
4. DATE OF DEATH: (Month) JUNE (Day) 22 (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug 5 1869
9. AGE last birthday: 79 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TANNER Agent
10b. KIND OF BUSINESS OR INDUSTRY: LEATHER
11. BIRTHPLACE (State or foreign country): Brooklyn N. Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Nelsen
14. MOTHER'S MAIDEN NAME: Sarah Haviland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Dorothy Wagner Nelsen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlussion — 1/2 Hour

Antecedent cause(s)

420.1 61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis with Fibrillation — ? ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47, to June 22, 19 49, that I last saw the deceased alive on Jun 21, 19 49, and that death occurred at 3:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Howard W. Ash M. D. Frederick Md 6-23-49

23. BURIAL, CREMATION REMOVAL (Specify) cremation | DATE June 24 1949 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town or county) (State) Washington D. C.

DATE REC'D BY LOCAL REG. 23-June 1949 | REGISTRAR'S SIGNATURE Elizabeth G. Hecker | 24. FUNERAL DIRECTOR Harry E. Early Co ADDRESS Frederick Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1949
BUREAU V. S.

05747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) CHESTER (Middle) LAYMAN (Last) ORR
4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 10-14-88
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Potomac Edison Company Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bloomfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Orr
14. MOTHER'S MAIDEN NAME Annie Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Ida Zimmerman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	10 minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Sclerosis	3 years
94a	(c)	Marked peripheral arteriosclerosis	14 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1945, to June 23, 1948, that I last saw the deceased alive on June 21, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE J R Schoolman (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 6-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-25-49
NAME OF CEMETERY OR CREMATORY Zion Cemetery
LOCATION (City, town, or county) (State) Charlesville, Maryland

DATE REC'D BY LOCAL REG. 25 June 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05748

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS E 2 Fourteenth st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; STREET ADDRESS (If rural, give location) 2 E Fourteenth st

3. NAME OF DECEASED (Type or Print): (First) William (Middle) C (Last) Powell

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 2, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Grocery store

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Powell

14. MOTHER'S MAIDEN NAME: Emma Short

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 217-18-8558

17. INFORMANT: Mrs. Myrtle Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	14 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 47, to June 20, 19 49, that I last saw the deceased alive on June 20, 19 49, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE L. A. Schoolman (Degree or title) M.D ADDRESS Professional Building Frederick Md DATE SIGNED June 22, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF June 22 '49; NAME OF CEMETERY OR CREMATORY: Elmwood; LOCATION (City, town, or county) (State): Libertytown Md

DATE REC'D BY LOCAL REG. 22 June 1949; REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR: G C Barton; ADDRESS: Walkersville Md

VS. A15

RECEIVED
JUN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

05749

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place): Since 9/3/40
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 920 E. Pratt

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Razulis (Rasules)

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 15, 1889

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Constantine Razulis

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-09-4947

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculosis of Liver	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Renal Tuberculosis; Tuberculosis of Dorsal Spine.	Unknown
	(c) Pulmonary Tuberculosis	9 Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	11 Yrs.

002
13k

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1940, to June 24, 1949, that I last saw the deceased alive on June 24, 1949, and that death occurred at 8:50 Am., from the causes and on the date stated above.

SIGNATURE J. B. Ryan M.D. (Degree or title) ADDRESS State Sanatorium, Maryland DATE SIGNED 6/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE June 27th — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Belair Rd Md

DATE REC'D BY LOCAL REG. 6/24/49 — REGISTRAR'S SIGNATURE O'Neyan

24. FUNERAL DIRECTOR: Joseph Kasmukas — ADDRESS: 602 Wash. Blvd

RECEIVED
JUN 27 1949
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05750

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) CALVIN (Middle) C (Last) RICE

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 3, 1873

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam T. Rice

14. MOTHER'S MAIDEN NAME: Ann Sophia Lightner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-16-2803

17. INFORMANT: Mrs Calvin C. Rice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	1 hour
Antecedent cause(s)	(b) Thrombophlebitis, femoral vein, right	6 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, generalized	20 years

4500
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 May, 1949, to 2 June, 1949, that I last saw the deceased alive on 1 June, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edgar A. Miller Jr. M.D. Walkersville Md. 3 June 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE June 6, 1949 | NAME OF CEMETERY ~~OR CREMATORY~~ Rocky Hill | LOCATION (City, town, or county) Nr. Woodsboro (State) Md

DATE REC'D BY LOCAL REG. June 6, 1949 | REGISTRAR'S SIGNATURE L C Rowsee | 24. FUNERAL DIRECTOR J. C. Barton ADDRESS Walkersville, Md.

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05751

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville; MARYLAND LENGTH OF STAY (In this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville Route 1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Ritter

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Apr. 9, 1949

9. AGE last birthday: 2 mo. 18 days; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Ignatius Ritter

14. MOTHER'S MAIDEN NAME: Eleanor Grace Burrier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Nicholas I. Ritter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to regurgitation of milk	5 min
	(c)	

9210
1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: near

(CITY OR TOWN) Walkersville (COUNTY) Frederick (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): June 27 '49 4 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Aspirated milk. When she regurgitated feeding

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: P. W. Boer (Degree or title) Deputy Med Ex ADDRESS: Frederick Md. DATE SIGNED: 6-27-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 30, 1949

NAME OF CEMETERY OR CREMATORY: Union Chapel

LOCATION (City, town, or county): Libertytown (State) Md.

DATE REC'D BY LOCAL REG.: 28 June 1949

REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR: Powell & Hartzler ADDRESS: Woodsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05752

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) Since 3/30/49 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broomes Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Rogers

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 12, 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjaman Rogers

14. MOTHER'S MAIDEN NAME: Minnie Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — About 7 Mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1949, to June 15, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 1:45 Pm., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS State Sanatorium, Maryland DATE SIGNED 6/16/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE June 18, 1949 | NAME OF CEMETERY OR CREMATORY Broomes Island Cem. | LOCATION (City, town, or county) (State) Broomes Island, Md.

DATE REC'D BY LOCAL REG. 6/15/49 | REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR A. A. Harkness & Son, Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 17 1949
BUREAU V. S.

05753

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Urbana — LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Loudon
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hamilton
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Philip (Middle) Grant (Last) Rollison

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-4-1868

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Sarah Rebecca Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Warden Herring - daughter, Urbana, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 10 days

450.0 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

97 (b) Arteria sclerosis (generalized) — 8 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1949, to June 4, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 2.15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ernest P. Roop M.D. — New Market, Maryland. — June 4 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 6-6-49 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) (State) Lovettsville - Va.

DATE REC'D BY LOCAL REG. 4 June 1949 — REGISTRAR'S SIGNATURE Elizabeth G. Hesse

24. FUNERAL DIRECTOR — ADDRESS — C. E. Cline & Son - Frederick - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1949
BUREAU V. S.

Evidence for addtion of #18b shwon on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05754

CERTIFICATE OF DEATH

Reg. Dist. No. 13

FILM No. G 121 JUL 22 1949

1. PLACE OF DEATH — COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: West 7th & Grant Place

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): West 7th & Grant Place

3. NAME OF DECEASED (Type or Print): (First) KATIE (Middle) M. E. (Last) SHAFFER

4. DATE OF DEATH: (Month) June (Day) 11th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 23, 1889

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days / Hours / Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewer- Muse Tailoring Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James F. Crampton

14. MOTHER'S MAIDEN NAME: Anna M. Fraley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-16-3868

17. INFORMANT: Alice M. Crampton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinomatosis — Interval between onset and death: 3 mo.

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary: Large Intestine (Probably) (7/21/49 - O.S.)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1949, to June 11, 1949, that I last saw the deceased alive on June 11, 1949, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE: H. Klee M.D. (Degree or title) ADDRESS: Frederick Md. DATE SIGNED: June 13 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 15, 1949 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 13 June 1949 — REGISTRAR'S SIGNATURE: Elizabeth L. Hoch.

24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15.

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05755

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick
MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McKaig

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#1
STREET ADDRESS (If rural give location) McKaig

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) CLARKE (Last) SHEETENHELM

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) M

8. DATE OF BIRTH: 8-5-83

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Mount Pleasant, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Sheetenhelm

14. MOTHER'S MAIDEN NAME: Debra Brengle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Mattie Sheetenhelm (Widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma lung, liver	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of prostate	3 years
	(c) Carcinoma of rectum	1½ years

177
46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1949, to 24 June, 1949, that I last saw the deceased alive on 23 June, 1949, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. Stonesifer Jr. MD Walkersville, Md. 25 June 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-27-49

NAME OF CEMETERY OR CREMATORY: Mt. Zion Methodist Cemetery

LOCATION (City, town, or county) (State): McKaig, Maryland

DATE REC'D BY LOCAL REG.: 27 June 1949

REGISTRAR'S SIGNATURE: Elizabeth A. Hack.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

05756

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick Registration Dist. No. 139

Village or City Sabillasville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Zoa Maude Shields If U. S. Veteran, specify WAR no

(a) Residence: No. Sabillasville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1879

7. AGE: Years 69 | Months 9 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lantz, Md.

FATHER

13. NAME James A. Shields

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles E. Shields (Address) Sabillasville Md.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Sabillasville Date June 20, 1949

19. UNDERTAKER M. L. Creager & Son (Address) Thurmont Md.

20. FILED , 19 J B Lyon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) 18 (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1949, to June 18, 1949

I last saw her alive on 6/17, 1949, death is said to have occurred on the date stated above, at 9:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	
334	

Other Contributory Causes of importance:

830

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Bridgers M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
JUN 22 1949

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05757

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont — LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural give location) Carroll Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Henry (Last) Stitely

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mch 14-1864

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: W- Stitely

14. MOTHER'S MAIDEN NAME: Mary Jane Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: W- L Stitely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 7 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart disease, myocarditis, chronic — 6 Mos

(c)

4222
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age general debility.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1948, to June 13, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 10:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James K. Gray M.D. ADDRESS Thurmont Md. DATE SIGNED June 14-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 16-49 — NAME OF CEMETERY OR CREMATORY: Blue Ridge Cem — LOCATION (City, town, or county): Thurmont — (State): Md

DATE REC'D BY LOCAL REG. June 16, 1949 — REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager Son — ADDRESS: Thurmont

VS. A15

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05758

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporata limits, write RURAL and give nearest town) OR TOWN ~~TOWN~~ Frederick | LENGTH OF STAY (in this place) 2 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Fredk.
CITY (If outside corporata limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs Grace ~~Mrs~~ (Middle) Elizabeth (Last) Stitely
4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 20-1900
9. AGE last birthday: 49 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rose. Wolfe
14. MOTHER'S MAIDEN NAME: Flora Wyburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Richard Stitely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s)		
4200 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	1 yr.
	(c) Arteriosclerotic Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1949, to June 24, 1949, that I last saw the deceased alive on June 24, 1949, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. A. Pearre	M.D.	Frederick, Md.	6/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jun. 27-49	Blue Ridge Cem	Thurmont	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
25 June 1949	Elizabeth S. Heck	M. L. Creager Son	Thurmont

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05759

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) Since 5/4/49 to present; HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1517 W. Fayette Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) P. (Last) Szendef

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 15, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Wenzel Szendef

14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-07-3824

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3 Yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1949, to June 26 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. B. Lyon, M.D. State Sanatorium, Maryland 6/27/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE 6/29/49 | NAME OF CEMETERY OR CREMATORY Holy Cross Cem. | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/26/49 | REGISTRAR'S SIGNATURE J. B. Lyon | 24. FUNERAL DIRECTOR ADDRESS M. E. Creager & Son, Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

05760

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 JUN 15 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick, Md.
LENGTH OF STAY (in this place): 5-20-49-6-2-49
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Fred.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Petersville
STREET ADDRESS: — (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) D. (Last) Thompson
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 5-30-1878
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker Retired
10b. KIND OF BUSINESS OR INDUSTRY: R. R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael D. Thompson
14. MOTHER'S MAIDEN NAME: Lucy Ingram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) ****
16. SOCIAL SECURITY NO.
17. INFORMANT: Norman Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Decompensation — 7 days

422.1 Antecedent cause(s) (b) Chronic Bronchial Asthma and Myocarditis — 10 yrs

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Acute Respiratory Infection — 3 wks

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to June, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE: A. Lallo & Brice (Degree or title) — ADDRESS: Jefferson, Maryland — DATE SIGNED: 6/3/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE: 6-5-1949 — NAME OF CEMETERY OR CREMATORY: Samples Manor — LOCATION (City, town, or county): Samples Manor (State): Md.

DATE REC'D BY LOCAL REG.: 4 June 1949 — REGISTRAR'S SIGNATURE: Elizabeth G. Heak — 24. FUNERAL DIRECTOR: C. H. Feete & Bro — ADDRESS: Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05761

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Mt. Airy; LENGTH OF STAY (in this place) 4 mo. Mary 2 yrs. Four years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia Route 2; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) May (Last) Thompson

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 3, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Houck

14. MOTHER'S MAIDEN NAME: Mary Knoh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Grover Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic endocarditis	10 yrs
	(c) Hypertensive arteria sclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1947, to June 30, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 10.15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ernest P. Roop M.D. ADDRESS: New Market, Maryland DATE SIGNED: 7/0/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: July 2. 1949; NAME OF CEMETERY OR CREMATORY: Linganore; LOCATION (City, town, or county) (State): Unionville Frederick Co.

DATE REC'D BY LOCAL REG: July 1-49; REGISTRAR'S SIGNATURE: L. K. Falconer

24. FUNERAL DIRECTOR: H. M. Snyder; ADDRESS: Mt. Airy

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05762

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JACK	J.	WALLACE	6	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	COLORED	Married	Unknown (Abt. 1909)	40 ? yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Railroad Employee	Unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lee Wallace	Georgia Pollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	223-26-5065	Ruth N. Wallace (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

480 **Immediate cause** (a) Influenzal Pneumonia — 1 week

493a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 19 49, to June 5, 19 49, that I last saw the deceased alive on June 5, 19 49, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Woodward	M. D.	Frederick, Maryland	6-6-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-8-49	Mt. Pleasant Baptist Cem.	Nr. Lucketts, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6 June 1949	Elizabeth Y. Heck	M. R. Etchison & Son, Frederick,	Maryland

1949
40
1909

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05763

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point of Rocks
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JANE (Middle) IRENE (Last) WATERMAN
4. DATE OF DEATH (Month) June (Day) 24 (Year) 1949
5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH June 23 - 1949 | 9. AGE last birthday yrs. | If under 1 year Months Days | If under 24 hrs. Hours 13 Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Frederick, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles J. Waterman
14. MOTHER'S MAIDEN NAME Clara Burdette Katherine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Charles J. Waterman (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (6 months) — 15½ hrs.

7695 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxaemia of Mother — 6 wks.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1949, to 6/24, 1949, that I last saw the deceased alive on 6/24, 1949, and that death occurred at 4:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Byron D. White, M.D. Frederick, Md. 6/24/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6-25-49 | NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery | LOCATION (City, town, or county) (State) Nr. Libertytown, Maryland

DATE REC'D BY LOCAL REG. 23 June 1949 | REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS
C. M. Waltz, Winfield, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05764

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 E. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 224 E. Church St.

3. NAME OF DECEASED (Type or Print): (First) CLYDE (Middle) OTHO (Last) YOUNG, SR.
4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH: 4-18-84
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Express Agency
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Boonsboro, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel H. Young
14. MOTHER'S MAIDEN NAME: Lucretia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Myrtle Long Young (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Sigmoid Colon	18 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

152
116

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 7, 1949, to June 16 1949, that I last saw the deceased alive on June 15 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE J. M. Baxter (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 6-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-19-49
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middletown, Maryland

DATE REC'D BY LOCAL REG. 19 June 1949
REGISTRAR'S SIGNATURE Elizabeth Y. Heck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Maryland

RECEIVED
JUN 20 1949
BUREAU T. S.